Although GI disease is a cause of death in only a minority of patients with SSc, GI dysfunction is a major contributor to morbidity and they contribute considerably to impairment in quality of life.

Materials and methods: We conducted a systematic review of observational studies that report GI problems in patients with scleroderma along with the Associated risk factors. Prevalence of each organ complication was extracted from studies in 2007-2015.

Discussion results: Digestive involvement in systemic sclerosis is frequent and serious. Malnutrition, diarrhea, and constipation are some GI complications that can stem from scleroderma, and they contribute considerably to impairment in quality of life. Approximately 20% of people with scleroderma develop secondary Sjogren's syndrome, a syndrome Associated with dry eyes and dry mouth. The most frequent visceral manifestation to be described was esophageal disease (70-90%). Oesophageal disorder is common with its main consequence: the occurrence of gastroesophageal reflux disease which could run into peptic erosive oesophagitis. Gastric involvement is rarely recognized but it is frequent in case of systematic investigation as well as small intestinal involvement which may provide a lot of complications: malabsorption, pseudoobstruction, bacterial overgrowth. At colonic level, anorectal involvement is frequent (50-70%) and leads to fecal incontinence and rectal prolapse. The symptomatic treatments must be systematic and improve the disease's overall prognosis. Although severe GI manifestations in SSc (defined as malabsorption, repeated episodes of pseudo-obstruction or severe problems requiring hyperalimination) are uncommon (8%), only 15% of such patients survived after 9 years of their diagnosis.

Conclusion: Almost every part of the GI tract can be involved. GI involvement is often diagnosed after severe complications occurred and management can be difficult. At present, few specific therapeutic options are available for the treatment of these patients, but relief of symptoms is often possible with appropriate knowledge and support. It is therefore particularly important to identify, monitor and manage these patients carefully, with a view to minimalize further degeneration and maximalise quality of life.

Key Words: Systemic sclerosis, digestive involvement in scleroderma.

112. SIGNIFICANCE OF GENEXPERT MTB/RIF METHOD IN THE DIAGNOSTICS OF PULMONARY TUBERCULOSIS

Svetlana Gasnas

Scientific Adviser: Ustian Aurelia, PhD, Associate Professor, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction:In the published literature, it is awarded a great deal of importance to the subject of TB diagnostic with the GeneXpert/RIF method, this being a fully closed automated system for M.Tuberculosis and resistant to RIF through the REAL TIME PCR technique.

Purpose:The determination of the efficiency of the GeneXpert/RIF genetic-molecular method in the diagnosis of tuberculosis in comparison with the bacteriologic, microscopic methods.

Resources and methods: Overall in Chisinau in 2014 were investigated 413 new cases of pulmonary tuberculosis. In the research were introduced 361 patients examined with the GeneXpert/RIF method. The positive result of the test showed 174 cases (48.2%). There were determined 123 cases (70.7%) GeneXpert/RIF positive-sensitive and 51 cases (29.3%) GeneXpert/RIF positive-resistant.

Results*:*In comparison with the microscopic and bacteriologic methods, the sensitivity of the GeneXpert/RIF method was of 48.2%, specificity of 100%, 70.7% GeneXpert/RIF sensitive and 29.3% GeneXpert/RIF resistant.

Conclusion: Priority of Xpert MTB/RIF molecular- methode has been confirmed by high sensitivity to the sputum microscopy, speed determination of resistance to RIF to bacteriological method, and the possibility of early treatment initiation in patients with MDR TB.

Key words: TB, positive, GeneXpert/RIF.

113. ENDOTHELIAL DYSFUNCTION IN SYSTEMIC AUTOIMMUNE DISEASES

Uliana Morari

Scientific adviser: Snejana Vetrila, PhD, Associate Professor, Cardiology Discipline, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: Systemic autoimmune diseases are characterized by inflammation, and this is hypothesized to be the driver fueling accelerated atherosclerosis observed in these diseases. Endothelial dysfunction is an early step in the formation of atherosclerotic lesions in patients with systemic autoimmune diseases and can be assess by non-invasive methods.

Objective of the study: To evaluate endothelial dysfunction in patients with rheumatic diseases and it association with disease activity and inflammatory variables.

Materials and methods: The prospective study included 16 patients with rheumatic diseases hospitalized in Rheumatology department in the Institute of Cardiology. Patients were examined according to questionnaire that included general data, evaluation of traditional cardiovascular risk (CV) factors, diseases activity index and markers of endothelial dysfunction (low-density lipoprotein (LDL), circulating levels of C-reactive protein (CRP), ankle-brachial index, intima-media thickness of carotid artery (IMT) and flow-mediated dilation (FMD).

Results: The study group was represented by 16 patients: 5 with LES, 3-systemic scleroderma, 3-rheumatoid arthritis, 3-vasculitis and 1 with myositis. The average age was 45,4 ± 0.05 (22-73 year old), the women: men ratio being 3:1 with the predominance of women. The disease duration was 11.8 year (2–36 year old) and high disease activity was attested in 9 (60%) cases. The distribution of CV risk factors relives: hypertension in 9 (60%), obesity – 2 (13,3%), family history – 6 (40%), smoking and diabetes mellitus in 1 (6.6%) cases. Analyzes of endothelial dysfunction markers show increase level of LDL in 11 (73,3%), abnormal CRP level in 7 (46.6%) patients. Ankle -brachial index was abnormal in 6 (40%). The IMT of carotid artery was increased in 5 (33,3%), and atherosclerotic plaque was identified in 5 (33,3%) patients, while the FMD of the brachial artery was decreased only in 2 (1,26%) patients.